

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
9/24/2003

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No 2

☐ **Amendment** (Explain Below)

from 8/24/2003

through 9/20/2003

Date of election if applicable:  
(Month, Day, Year)  
\_\_\_\_\_

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For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1254759

COMMITTEE/FILER'S NAME

Rescue California...Recall Gray Davis

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 (916)443-6703

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Vona Copp

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Elk Grove CA 95624 916/686-1815

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Cruz Bustamante

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SOUGHT: Governor

CHECK ONE

SUPPORT	OPPOSE
	<b>X</b>

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
8/24/2003	Gilliard Blanning Wysocki & Associates, Inc. Sacramento, CA 95814	T.V. OR CABLE AIRTIME AND PRODUCTION COSTS TV ad production costs	\$10,000.00	\$12,200.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	8/24/2003	
through	9/20/2003	
		Page 2 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rescue California...Recall Gray Davis

I.D. NUMBER (If recipient com.)

1254759

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.).....	\$10,000.00
2. Total independent expenditures under \$100 made this period. (Not itemized.).....	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)..... <b>TOTAL</b>	\$10,000.00

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

Los Angeles County Registrar

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Norwalk CA 90650

3) NAME OF FILING OFFICER

San Francisco County Registrar

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94102

4) NAME OF FILING OFFICER

Sacramento County Registrar

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95827

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/25/2003  
DATE

Executed on  
DATE

Executed on  
DATE

Executed on  
DATE

By Copp Copp Copp Copp  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT